



Docket No.: 63419(52171)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Wolfgang Richter et al.

Application No.: 10/535,474

Confirmation No.: 4298

Filed: May 17, 2005

Art Unit: 1626

For: THIA-EPOCHILONE DERIVATIVES FOR
THE TREATMENT OF CANCER

Examiner: J. R. Kosack

REQUEST FOR EXTENSION OF TIME

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby petitions for a three month extension of time to and including January 25, 2007 to respond to the Office Action mailed July 25, 2006.

This petition is being filed in order to ensure copendency with application being filed concurrently herewith.

In the event that a further petition for an extension of time is required to be submitted at this time, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time for as many months as are required to ensure that the above-identified application does not become abandoned.

Please charge our Deposit Account No. 04-1105 in the amount of \$510.00 covering the fee set forth in 37 CFR 1.17(a)(3). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our



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Deposit Account No. 04-1105, under Order No. 63419(52171). A duplicate copy of this paper is enclosed.

Dated: January 25, 2007

Respectfully submitted,

By  _____

Peter F. Corless

Registration No.: 33,860

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Attorneys/Agents For Applicant



FEE SUMMARY SHEET
Transmittal -- Amendment

Date: January 25, 2007
Time: 10:05 AM
Docket: 63419(52171)

Filing Date: May 17, 2005
Application No: 10/535,474
Total Fee: \$ 510.00

Code	Amount	37 CFR	Fee Description	Listed on
2253	510.00	1.17(a)(3)	Extension for response within third month	Fee Transmittal (PTO SB-17)



PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2006 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known		
		Application Number	10/535,474-Conf. #4298	
		Filing Date	May 17, 2005	
		First Named Inventor	Wolfgang Richter	
		Examiner Name	J. R. Kosack	
TOTAL AMOUNT OF PAYMENT (\$)		510.00	Attorney Docket No.	63419(52171)

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
20	- 20 =	x	=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 5 =	x	=

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,860
Name (Print/Type)	Peter F. Corless	Telephone	(617) 439-4444
		Date	January 25, 2007